

**MINISTRY OF WOMEN AND CHILD DEVELOPMENT
&
MINISTRY OF HEALTH AND FAMILY WELFARE**

MALNUTRITION IN INFANTS AND MOTHERS

**[Action taken by the Government on the recommendations contained in the
Twenty Sixth Report (Fifteenth Lok Sabha) of the Committee on Estimates]**

**COMMITTEE ON ESTIMATES
(2015-16)**

ELEVENTH REPORT

(SIXTEENTH LOK SABHA)



**LOK SABHA SECRETARIAT
NEW DELHI**

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(Presented to Lok Sabha on 18.12.2015)

(SIXTEENTH LOK SABHA)



**LOK SABHA SECRETARIAT
NEW DELHI**

December, 2015 / Agrahayana, 1937 (Saka)

E.C. No. _____

Price : ₹ _____

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Published under Rule 382 of the Rules of Procedure and Conduct of Business in Lok Sabha (Fourteenth Edition) and printed by the General Manager, Government of India Press, Minto Road, New Delhi – 110002.

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COMPOSITION OF THE COMMITTEE ON ESTIMATES
(2015-16)

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INTRODUCTION

I, the Chairman of the Committee on Estimates, having been authorized by the Committee to submit the Report on their behalf, do present this Eleventh Report on action taken by the Government on the observations/recommendations contained in the Twenty Sixth Report of Estimates Committee (Fifteenth Lok Sabha) on the subject 'Malnutrition in Infants and Mothers' pertaining to the Ministry of Women and Child Development and Ministry of Health and Family Welfare.

2. The Twenty Sixth Report of the Committee was presented to Lok Sabha on 06 September, 2013. Action Taken Notes on the Observations/Recommendations pertaining to the Ministry of Women and Child Development were received on 24 June, 2015 and those pertaining to the Ministry of Health and Family Welfare were received on 18 September, 2015. The Draft Report was considered and adopted by the Sub-Committee on Action Taken Replies at their sitting held on 22 September, 2015 and by the Main Committee at their sitting held on 8 December, 2015.

3. An analysis of action taken by the Government on the recommendations contained in the Twenty Sixth Report of the Committee on Estimates (Fifteenth Lok Sabha) is given in Appendix V.

NEW DELHI;
, 2015
, 1937 (saka)

DR. MURLI MANOHAR JOSHI
Chairperson,
Committee on Estimates.

CHAPTER I

REPORT

This Report of the Committee deals with the action taken by the Government on the Observations/Recommendations contained in the Twenty Sixth Report (Fifteenth Lok Sabha) on the subject 'Malnutrition in Infants and Mothers' pertaining to the Ministry of Women & Child Development (MWCD) and Ministry of Health & Family Welfare (MHFW).

1.2 The Twenty Sixth Report of the Committee was presented to Lok Sabha on 06 September, 2013. It contained 15 Observations/Recommendations. Action Taken Replies on the Observations/Recommendations pertaining to the Ministry of Health and Family Welfare were received on 6 March, 2014 and those pertaining to the Ministry of Women and Child Development on 24 June, 2015. The consolidated Action Taken Replies on all the recommendations were received from the Ministry of Health & Family Welfare on 18 September, 2015. In response to the communication sent from the Secretariat to the respective Ministries, the Ministries have regretted the delay in submission of ATRs and for not seeking extension of time and have assured that such delay would not like place in future. The explanation of the Ministry of Women and Child Development and Ministry of Health and Family Welfare submitted vide OMs dated 18 September, 2015 is reproduced in Appendix I.

1.3 Replies to the Observations and Recommendations contained in the Report have broadly been categorized as under:-

- (i) Observations/Recommendations which have been accepted by the Government:
Sl. Nos. 1, 3, 6, 7, 9, 10, 12, 13, 14 and 15
- (ii) Observations/Recommendations which the Committee do not desire to pursue in view of Government's reply:
Nil

(iii) Observations/Recommendations in respect of which Government's replies have not been accepted by the Committee:

Sl. Nos. 2, 4, 8 and 11

(iv) Observations/Recommendations in respect of which final reply of Government is still awaited:

Sl. Nos. 5

1.4 The Committee hope and trust that the Observations/Recommendations accepted by Government would be implemented expeditiously. The Committee desire that further Action Taken notes on the Observations/Recommendations contained in Chapter-I and Final Action Taken Reply to the Recommendation contained in Chapter-V of this Report be furnished to them at an early date.

1.5 The Committee will now deal with the action taken by the Government on some of their Recommendations.

A. Computerisation of Anganwadi Centres

(Recommendation Para No. 1)

1.6 The Committee, in the original Report were surprised to note that despite access to information technology, there was no recent official data on malnutrition. The Committee wondered why no efforts had been made to computerize the Anganwadi Centres (AWCs) in villages/habitations connected by broadband/ internet and ensure real time data flow for nutrition monitoring and had urged the Ministry of Women and Child Development to prepare an action plan in this regard for time bound implementation under intimation to the Committee.

1.7 The Ministry of Women and Child (MWCD), in their action taken reply submitted that MWCD has entrusted the task of web based MIS on Integrated Child Development Service (ICDS) to National Informatics Centre (NIC) and basic information about 6.5 lakh AWCs has been uploaded onto NIC server. Under the strengthened and restructured ICDS scheme, there is a provision of Rs.1000/- per AWC for monitoring including Rs.50/- per AWC per month for telephone/ SMS charges for ICT activities.

1.8 The Committee are pleased to note that pursuant to their recommendation, action has been initiated to computerize Anganwadi Centres (AWCs) to ensure real time data flow for nutrition monitoring and the NIC has been entrusted with the task of installing web based MIS. The Committee, however, note that only basic information about 6.5 lakh AWCs has been uploaded onto the NIC server. The Committee feel that obtaining real time data from the AWCs, given the extensive use of IT in emerging Digital India, would go a long way in improving the monitoring and taking preventive measures. Having noted the absence of centralized real time data, the Committee urge the government for time bound implementation of their earlier recommendation in an effective manner by adopting low cost solutions to integrate all AWCs so that the correct/real time data of beneficiaries and malnutrition is procured and utilised for further planning, research and applying necessary corrections.

**B. Accelerated and vigorous implementation of nutrition related programmes
(Recommendation Para No. 2)**

1.9 The Committee, in the original Report had expressed concern over the fact that among children under five, 59% are stunted and 3.3% faced severe wasting in the 100 focused districts which ranked the lowest on Childhood Development Index in six states viz. Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, and Uttar Pradesh as per Hungama Survey of 2011. Further, going by the past experience, the Committee expressed doubt whether the Millennium Development Goal (MDG) to bring down infant mortality to 28 per 1000 live births by 2015 will be achieved. They recommended for accelerated and vigorous implementation of nutrition related programmes with active cooperation and full involvement of State Governments.

1.10 The Ministry of Health and Family Welfare (MHFW), in their action taken reply stated that malnutrition is manifestation of several underlying factors and causes and is complex, multi-dimensional and inter-generational in nature. The Ministry listed varied causes which include inadequate consumption of food, frequent infections, lack of availability of safe drinking water and proper sanitation, illiteracy specially in women, poor access to health services, low purchasing power, socio-cultural factors such as

early marriage of girls, lack of care during pregnancy and infancy, ignorance about nutritional needs of infants and young children, etc. The Ministry further stated that health and nutrition programmes being implemented directly or indirectly contribute to improve the health and nutritional status of the children.

1.11 While taking serious note of the high rate of stunting and wasting among children under five in the 100 focus districts as per Hungama Survey, the Committee had expressed apprehension regarding achievements of Millennium Development Goal (MDG) to bring down Infant Mortality Ratio (IMR) to 28 per 1000 live births by 2015. Unfortunately, there is no response of the government to the aforesaid observation of the Committee except that problem is complex and multiple causes are responsible for it. Deploring such a casual approach towards the serious problem of IMR and while reiterating their earlier recommendation, the Committee urge the Ministry to furnish a concrete response to their observations along with details of new initiatives and remedial measures taken or proposed to be taken for vigorous implementation of nutrition related programmes with active cooperation and involvement of State Governments. The Committee also recommend that new and innovative steps such as providing of nutritious food packets using locally produced agricultural and horticultural products that are duly certified need to be implemented. The Committee await specific reply from the Ministry of Health and Family Welfare in this regard as early as possible.

C. Implementation of ICDS in Mission Mode

(Recommendation Para No. 4)

1.12 Taking note of the information furnished by the MWCD on the Integrated Child Development Services (ICDS) scheme, the Committee had regretted to point out that nearly four decades of implementation of the scheme, have not eliminated malnutrition of children. The Committee were informed that the ICDS was reportedly being implemented in **Mission Mode** by introducing Annual Programme Implementation Plan

(APIP) and Memorandum of Understandings (MoUs) with States/UTs and rolling out the restructured ICDS in 200 high burden districts in 2012-13, in 200 additional districts in 2013-14 and in remaining districts in 2014-15. The Committee had felt that unless specific targets to bring down the cases of malnutrition are fixed and AWCs and monitoring agencies held responsible for shortfall, the much desired results may continue to elude. The ICDS Mission for the Twelfth Five Year Plan **2012-17** had set the goal of preventing and reducing child undernutrition by 10 percentage points and reduction of anaemia prevalence in young children, girls and women by one fifth. The Committee had hoped that these elements would be incorporated in the APIPs and MoUs. They had desired to be informed of the position in this regard and also of the achievements during 2012-13. The Committee had also opined that compensation and other facilities given to Anganwadi Workers (AWCs) and Accredited Social Health Activists (ASHAs) should be periodically revised to meet the increase in cost of living and that centralized guidelines regarding nutritional requirement and hygiene standards be issued to AWCs for strict adherence.

1.13 The MWCD in the action taken reply repeated the goals envisaged under restructured ICDS. Which are as follows:

- i. Prevent and reduce young child under nutrition (% underweight children 0-3 years) by 10 percentage point;
- ii. Enhance early development and learning outcomes in all children 0-6 years of age; and
- iii. Improve care and nutrition of girls and women and reduce anemia prevalence in young children, girls and women by one fifth. Annual Health Survey (AHS) and District Level Household Survey (DLHS) will be used as baseline for measuring the outcomes of ICDS Mission.

They stated that the APIPs are prepared considering these targets in view.

The MWCD, in their action taken reply informed that since inception of ICDS Scheme in 1975, the honorarium of AWWs/ AWHs has been revised seven times i.e. on 01.04.1978, 01.07.1986, 02.10.1992, 16.05.1997, 01.04.2002, 01.04.2008 and 01.04.2011.

According to them, the Present Honorarium of Anganwadi Workers (AWWs) and Anganwadi Helpers/ AWWs engaged in Mini-Anganwadi Centres (AWCs) was enhanced by Government of India from Rs.1500/- p.m. to Rs.3000/- p.m. and from Rs.750/- p.m. to Rs.1500/- p.m. respectively w.e.f. 01.04.2011. The honorarium of AWWs engaged in Mini-AWCs has further been enhanced from Rs.1500/- p.m. to Rs.2250/- p.m. w.e.f. 04.07.2013.

It has further been stated that nutritional and hygiene guidelines have already been issued by MWCD.

1.14 The Committee, in their original report had recommended for specific targets of AWCs and fixing responsibility of monitoring agencies for the shortfall in targets, if any. However, the action taken by the Department merely indicates the broad goals envisaged under restructured ICDS without stating the targets for individual AWCs or State-wise AWCs and fixing responsibility of monitoring agencies for shortfall in the targets. Further, the Committee had desired to be apprised of the achievements during 2012-13 of the restructured ICDS. The Committee note with dissatisfaction that the action taken reply of the Ministry of Women and Child Development is studiously silent on this. Reiterating their earlier recommendation, the Committee urge the concerned Ministry to take appropriate tangible action and submit the requisite information within three months to the Committee.

D. Introduction of 5 Tier Monitoring System

(Recommendations no. 7)

1.15 The Committee had expressed regret to note that even after two years, none of the States had introduced the 5 Tier Monitoring and review mechanism at all levels as per MWCD's guidelines of 31.03.2011. The Committee had accordingly urged the Ministry of Women and Child Development to vigorously pursue with the State Governments and ensure that the 5 Tier monitoring mechanism is put in place within a stipulated time frame.

1.16 The MWCD in the action taken reply have given the updated information as per which 30 States have constituted the Monitoring and Supervision Committee at all levels which are Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Goa, Gujarat,

Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttrakhand, West Bengal, A & N Islands, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Lakshadweep and Puducherry. Out of remaining 5 States, 3 States namely Chhattisgarh, Uttar Pradesh and Delhi have constituted partly and 2 States namely J & K & Jharkhand did not constitute these committees.

1.17 The Committee acknowledge that as a result of the vigorous efforts of the Ministry of Women and Child Development to take up the matter with States/UTs, 30 States have constituted the Monitoring and Supervision Committees at all levels. The Committee hope that the remaining 5 States would also complete the process of constituting Monitoring and Supervision Committees at all levels without any further delay. The Committee urge the Department to pursue the matter vigorously and apprise the Committee of the results achieved in this regard.

**E. Poor implementation of IGMSY
(Recommendations no. 8)**

1.18 Taking note of the very poor implementation of Indira Gandhi Matritva Sahyog Yojana (IGMSY) scheme introduced in October, 2010 the Committee had pointed out that as against the target of 12.5 lakh beneficiaries, the benefit reached merely 61,000 women (constituting 5 per cent) in the year 2011-12 and just 1.6 lakh women (constituting 12.8 per cent till 31 December, 2012) in the year 2012-13. They had desired that reasons for this disastrous performance of the scheme be gone into expeditiously and the benefits delivered to the targeted number of women without fail, during the current year.

1.19 The MWCD, in its action taken reply, stated that no substantial progress was reported by the States in 2010-11. The year 2011-12 was the first full year of implementation of the scheme and progress was slow as lot of preparatory work was to be under taken by States/UTs such as opening of bank account, setting of State and district cell, opening of budget head etc. before transferring the cash benefit to the

beneficiary account. According to the Ministry, performance of scheme has improved in 2012-13 with beneficiary coverage of more than 6.36 lakh and utilisation of Rs.233.68 crore has been reported. During the financial year 2013-14, funds amounting to Rs.232.05 crore have been released to the States/UTs and utilisation of Rs.282.28 crore has been reported with beneficiary coverage of more than 5.41 lakh.

The MWCD further informed that during the financial year 2014-15, there was a budget provision of Rs.400.00 crore (BE) and Rs. 360.00 crore (RE). Out of which funds amounting to Rs.343.14 crore has been released to 26 States/UTs. Utilisation of Rs.139.82 crore has been reported up to the third/ second quarter of the financial year 2014-15 by 22 States/ UTs. The beneficiary coverage of 3.54 lakh up to the third/ second quarter of 2014-15 has been reported by 22 States/UTs.

The Ministry have stated that increase in the beneficiary coverage and utilization of funds in subsequent years as compared to year 2010-11 and 2011-12, shows better performance of the scheme.

1.20 While pointing out the disastrous performance of the scheme IGMSY during the first two years i.e. 2011-12 and 2012-13, the Committee, in their original report had desired that the Ministry should look into the reasons for the same and ensure that the benefits are delivered to the targeted number of women during the current year. MWCD, instead of furnishing a specific reply, have taken the plea of better performance of the scheme in terms of increase in the beneficiary coverage and utilization of funds in the subsequent years as compared to the year 2010-11 and 2011-12. The Committee take serious exception to the way the Ministry has justified poor performance in 2011-12 by stating that preparatory work to be undertaken by States/UTs such as opening of bank accounts, setting of State and district cell, opening of budget head, etc. had to be undertaken. The Committee are surprised that before launching a Central Scheme on such a grand scale, the completion of basic preparatory work was not ensured. The Committee are dismayed over the way the target of 12.5 lakh beneficiaries was set without any proper planning and appropriate ground work.

Reiterating their previous recommendation, the Committee would like to be kept apprised of the achievements of beneficiary coverage vis a vis the targets

during the last five years along with specific innovative steps taken to improve the performance of IGMSY within three months.

F. Reduction of Anemia

(Recommendations no. 11)

1.21 While observing that according to NFHS-III (2005-06), 70% of children between 6-59 months and more than half of the women (15-49 years) suffer from anaemia in the country and that prevalence of anaemia in children between 6-35 months had increased significantly from 74.3 per cent in 1998-99 to 78.9 per cent in 2005-06, the Committee had desired to be apprised of the achievement in reduction of anaemia during the last five years among children upto age of five years, 5-10 years, adolescent children and pregnant women.

1.22 The MHFW in their action taken reply have stated that there is no information related to status of anemia in children in last five year. The last available data is of National family Health Survey (NFHS) 2005-06. The next round of NFHS i.e. NFHS IV is being conceptualized, however, the results of District level Household Survey will be released in the current year.

1.23 The Committee in their original report had expressed serious concern over the occurrence of high rate of anaemia among children and women in the country, which, increased significantly between the period from 1998-99 to 2005-06 as per NFHS Survey. Surprisingly, in response to the Committee's recommendation to furnish information on achievements in the reduction of anaemia during last five years among women and children, the Ministry has blandly stated that no such information is available with them and that the next round of NFHS is being conceptualised. The Ministry (MFHW) need to explain as to why the NFH survey was not conducted in 2014 as originally planned. The Committee are appalled to note that the NFHS IV Survey is at the conceptual stage, though the same was proposed to be conducted in 2014 and the Ministry had designated IIPS Mumbai as the nodal Committee in order to initiate the work of NFHS IV in 2013-14.

While expressing their dissatisfaction in the matter, the Committee would like to know the factors which prevented the Ministries from holding the survey as conceptualised. The Committee, therefore, recommend that the exercise for conducting the NHF IV survey be completed at the earliest under intimation to them. The Committee would also like to be apprised of the results of the District Level Household Survey immediately after its release.

G. Media Campaign regarding nutrition education

(Recommendations no. 14)

1.24 While analysing the data regarding IYCF on all three quality parameters recommended by WHO (timely, adequate and safe), the Committee had found that 44% children aged 6-23 months are breastfed as per the recommended minimum number of times. Noting some improvement in the percentage of children exclusively breastfed for 6 months i.e. from 46.3% in 2005-06 to 56.8% as per CES 2009. The Committee felt that desired practices in this regard can be universalized only by bringing about awareness and that the media campaign to achieve this appears to be inadequate. The Committee had desired that intensive and sustained media campaign regarding nutrition education and appropriate feeding practices through mass media/social media including private radio and TV channels should be resorted to.

1.25 The Ministry in their action taken reply informed that in order to promote effective action to enhance rates of exclusive breastfeeding for the first six months, & introduction of age appropriate complementary feeding after six months along with continued breastfeeding and counseling on infant and young child feeding, National Steering Committee on Breastfeeding and Infant & Young Child Feeding(IYCF) has been constituted under the Chairpersonship of Secretary, MWCD and National Breastfeeding Coordination Committee under the chairmanship of Joint Secretary, Ministry of Women and Child Development. The committees have representation from key line departments

like Ministry of Health and Family Welfare (MOHFW) and technical experts from BPNI, NIPCCD and National Institute of Nutrition (NIN), Hyderabad etc.

It was further stated that Ministry of Women and Child development has also published Guidelines on Infant and young Child Feeding Practices, 2004 and second edition 2006. This may be seen on www.wcd.nic.in

The Committee were informed by the Ministry that a Nationwide **Information, Education and Communication (IEC) campaign** against malnutrition was launched on 19th Nov, 2012 by President of India for creating awareness on nutritional issues. The campaign has been divided into four stages:

- Stage 1- Create Awareness: A massive drive to generate awareness about the symptoms and alarming consequences of malnutrition.
- Stage 2 – Clarion Call: To mobilize the masses to take a pledge “Malnutrition Quit India” in order to attract the maximum participation of people in the fight against malnutrition.
- Stage 3 – Action Points: This stage of the campaign explains the four critical practices that safeguard a child from malnutrition as ‘Chaar Baatein’. This stage covers Exclusive Breastfeeding and IYCF components also.
- Stage 4 – Community using Tools/Services: The final stage of the campaign will inform about the Mother & Child Protection (MCP) Card and important services through programmes.

The first cycle of the campaign was undertaken during the year 2013-14 and the second cycle is being undertaken during 2014-15.

Additionally, events like World Breast Feeding Week (1 - 7 August) and National Nutrition Week (1- 7 September), etc., are celebrated throughout the country, during which special efforts are made to create awareness and disseminate nutrition education including the knowledge related to breastfeeding and IYCF practices by use of Audio/Visual, press advertisement and other multimedia.

Ministry also stated that National, Regional and State level nutrition exhibition are also organised to create awareness.

1.26 The Committee take note of the efforts being made for universalisation of quality parameters of Infant and Young Child Feeding (IYCF) practices through creating awareness. They note with satisfaction that a National Steering Committee on breastfeeding and IYCF has been constituted for this purpose under the Chairmanship of Secretary, Ministry of Women and Child Development.

Taking note of the nation wide Information, Education and Communication (IEC) campaign against malnutrition, to create mass awareness and to disseminate nutrition education, the Committee would like to be apprised of the review of the campaign by the Government and the results achieved.

CHAPTER II

OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Observation/ Recommendations (Sl. No. 1)

Malnutrition has been recognized as a major threat to social and economic development and casts an adverse impact on children, adults, women and entire workforce of the country. The Committee are surprised to note that in the modern era of information technology, there is no recent official data on malnutrition. What is available is seven year old, outdated National Family Health Survey (NFHS) – III data of 2005-06. It is only now, the Ministry of Health and Family Welfare (MHFW) has proposed to conduct NFHS – IV and also decided to slash the periodicity of NFHS to three years. The Committee wonder why no efforts have been made so far to computerize the Anganwadi Centres (AWCs) in villages/habitations connected by broadband/ internet and ensure real time data flow for nutrition monitoring. The Committee would urge the Ministry of Women and Child Development to prepare an action plan in this regard for time bound implementation under intimation to the Committee.

Reply of the Government

MWCD has entrusted the task of web based MIS on ICDS to National Informatics Centre (NIC) and basic information of about 6.5 lakh AWCs have been uploaded onto NIC server. Under the strengthened and restructured ICDS scheme, there has been a provision of Rs.1000/- per AWC for monitoring including Rs.50/- per AWC per month for telephone/ SMS charges for ICT activities.

(Please see Para No. 1.8 of Chapter-I)

Observation/ Recommendations (Sl. No. 3)

With regard to the status of malnutrition among women in the country, the Committee note from the available data of NFHS – II and NFHS – III that the percentage of women in the age group of 15-49 having Body Mass Index (BMI) of less than 18.5 has risen from 33 per cent in 1999 to 35.6 per cent in 2006. During the same period, anaemia among married women has risen from 52 per cent to 56 per cent and among pregnant women from 49.7 per cent to 58.7 per cent. For want of data, the Committee are not in a position to comment whether there has been any improvement

or further deterioration in the nutritional status of women during the last seven years. Though NFHS – IV, which is underway, would bring out the factual position in this regard, the Committee hope that the last seven years would have 64 registered an improvement in the nutritional status of women as in the case of children.

Reply of the Government

The field work of National Family Health Survey (NFHS) - 4 is under progress which will provide inter-alia the national, State and district estimates of malnutrition among women. However, from the data of District Level Household and Facility Survey (DLHS) - 4 (2012-13) in 17 States for which estimates of BMI are available for women aged 15-49 years, it is observed that the percentage of women in the age group of 15-49 having BMI less than 18.5 has fallen in 15 States in DLHS 4 as compared to NFHS-3 (2005-06). During the same period, the percentage of anemic women and pregnant anemic women in the age group of 15-49 years has increased in 13 States and 11 States respectively. As national level estimates are not available from DLHS-4, State-wise position in respect of States for which data are available in DLHS-4 and NFHS-3, is enclosed at Annexure-I and II.

Further, the 'Rapid Survey on Children 2013-14' commissioned by the Ministry of Women and Child Development, revealed that 29.4% children aged 0-59 months were underweight (weight for age below- 2SD) at national level as compared to 42.5% children in NFHS-3 (2005-06).

Observation/ Recommendations (Sl. No. 6)

The Committee are dismayed to learn that approximately 14,200 AWCs are run from open spaces; 12 lakh AWCs function without toilet facilities and 7 lakh AWCs operate without drinking water facilities. The Committee would like to place on record their deep sense of shock and disapproval over the absence of basic facilities in AWCs and would like the Government to formulate an action plan to provide the much needed infrastructure to facilitate their effective functioning. Approximately 3.97 lakh AWCs are functioning from rented buildings. The Committee have been informed that strengthened and restructured ICDS is being rolled out in a phased manner for construction of 2 lakh AWCs during the Twelfth Five Year Plan @ 4.5 lakh per unit. The Committee emphasize that, as already recommended elsewhere in this report,

computerization and network connectivity should form part of the ICDS strengthening. The Committee would like to be apprised of the targets achieved on strengthening and restructuring of ICDS during 2012-13 and the progress made in 2013-14.

Reply of the Government

The status of infrastructure as on 31.12.2014 of the 12.74 lakh AWCs is as under:

	Type of Building		Total
	Kutcha	Pucca	
Total AWCs reporting			1207455
Govt. Own Building	0.00%	30.52%	30.52%
Rented			
AWWs/AWHs House	1.08%	4.40%	5.48%
Others			
Community			
School	0.00%	22.22%	22.22%
Panchayat	0.00%	3.47%	3.47%
Others	2.50%	7.22%	9.72%
Open Space	0.91%	0.27%	1.18%
Total	15.95%	84.04%	

- 84.04% AWCs are running from pucca buildings and 15.95% from Kutcha buildings.
- 70.94% AWCs have drinking water facilities within the premises
- 51.57% AWCs have toilet facilities.

Out of 12.74 lakhs AWCs reported with drinking water and toilet facilities, 8.87 lakh AWCs have drinking water facilities at the AWCs as on 31.12.2014. Similarly, Out of 12.74 lakhs AWCs reported, 6.29 lakhs AWCs have toilet facilities at AWCs as on 31.12.2014. States/UTs have been requested from time to time to provide drinking water in all the AWCs including AWCs which are under construction/ newly constructed and also in convergence with various schemes of the Government like MPLADs, MLALADs, tribal Development, MSDP of Minority Affairs, State Plan etc. With the construction of AWC buildings and up gradation of existing AWCs, the number of toilets will increase considerably during XII Period. The suggestion of the committee regarding computerization and networking has been noted.

Observation/ Recommendations (Sl. No. 7)

The Committee regret to note that even after two years, none of the States has introduced the 5 Tier Monitoring and review mechanism at all levels as per MWCD's guidelines of 31.03.2011. In Mizoram, Punjab and Delhi, only State level Committee has been constituted while in Jammu and Kashmir, Kerala, Maharashtra, Tamil Nadu, Uttar Pradesh, etc., the 5 Tier mechanism is still under process of constitution. The Committee urge the Ministry of Women and Child Development to vigorously pursue with the State Governments and ensure that the 5 Tier monitoring mechanism is put in place within a stipulated time frame.

Reply of the Government

In this connection, MWCD is continuously taking up the matter with States/UTs. As per available information, 30 States have constituted the Monitoring and Supervision Committee at all levels. Out of remaining 5 States, 3 States namely Chhattisgarh, Uttar Pradesh and Delhi have constituted partly and 2 States namely J & K & Jharkhand did not constitute these committees. 30 States have constituted these monitoring & review committees at all levels. These States/UTs are Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Goa, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttarakhand, West Bengal, A & N Islands, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Lakshadweep and Puducherry.

Remaining States (5 States)

Chhattisgarh - Constituted except State level which is pending with CM

J& K - To be constituted within one month

Jharkhand - Information awaited

U.P. - Notification of Monitoring & review committee at District, Block and Anganwadi level issued. State level not issued.

Delhi - Committee constituted at state level only

(Please see Para No. 1.17 of Chapter-I)

Observation/ Recommendations (Sl. No. 9)

The Committee note with satisfaction that the nutrition component of the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (AGs) – Sabla introduced in 2010 in 205 select districts has fared as targeted. However, the number of beneficiaries under the non-nutrition component was 37.81 lakh i.e. only 77 per cent of the targeted 49.16 lakh beneficiaries during 2011-12 and 33.19 lakh (till 31 December, 2012) as

against the targets of 69.02 lakh during 2012-13. The non-nutrition component having six sub-components (including health check-up and referred services, Nutrition and Health Education, Guidance on family welfare, Adolescent Reproductive Sexual Health, Life style education and vocational training) reportedly requires convergence with various Ministries and render the progress slow. The Committee suggest that the bottlenecks faced in the implementation of the scheme should be expeditiously overcome by ensuring effective convergence of services with the schemes of Health, Education, Youth Affairs, Labour and Employment and Panchayat Raj Institutions.

Reply of the Government

The scheme was launched in November, 2010 and funds were released in the fourth quarter of 2010-11. Lot of preparatory work was to be undertaken by the States. Hence, the physical and financial progress under the scheme was poor during that year. In 2011-12 and 2012-13, the coverage under nutrition has exceeded the target. The pace of implementation for non nutrition component was slow, as it involves convergence with various line Ministries (for which lot of preparatory work was to be undertaken at State level). Hence, the scheme requires strengthening of convergence mechanism. Efforts were made at national and state level for effective convergence at grass root level under **Sabla** to achieve the targets.

The monitoring and supervision mechanism set up under the Integrated Child Development Services (ICDS) Scheme is used for the scheme **Sabla** as well. Performance of the scheme is reviewed on a quarterly/annual basis to identify gaps and for taking corrective measures. Review meetings/Field visits are also undertaken. Monitoring committees are set up at all levels (National, State, District, Block and Village level) to take stock of the progress of the scheme as also strengthen the coordination and convergence between concerned departments. The representatives of the line Ministries Health, Education, Youth Affaris, Labour & Employment, Panchayati Raj are members of the committee. Also, the scheme has a provision of social audit by Panchayati Raj Institutions.

The non-nutrition component has however stabilised and has shown progress in 2012-13. Hence, it is pertinent to mention that the funds earmarked for the scheme have been judiciously utilised by ensuring that the intended benefits reaches to the

target beneficiaries. The progress under scheme during 2012-13 has been updated and achievement under the scheme has been reflected upto 31.03.2013 in Annexure-III.

Observation/ Recommendations (Sl. No. 10)

The Ministry of Health and Family and Welfare is engaged in micronutrient supplementation under 'Child health' component to address the issue of nutritional deficiencies, under which it provides Vitamin A supplements that has a promotive and preventive role in addressing malnutrition. The Committee are happy to learn that the coverage of children of 9 months and above with atleast one dose of Vitamin a has shown a substantial increase during the period of 4 years from 24.8% in (NFHS III) 2005-06 to 65.4% in (CES) 2009. The Committee are, however, concerned to note that in some States viz. Uttar Pradesh, Madhya Pradesh, Manipur, Meghalaya, Haryana, Bihar and Arunachal Pradesh etc. the coverage was below 50 per cent. According to the Ministry of health & Family Welfare, biannual rounds are conducted in many States to supplement children between 1-5 years with Vitamin A. The Committee desire that the Ministry of Health and Family Welfare must widely publicize through media, the Village Health and Nutrition Day on the lines of Pulse Polio campaign. Further, efforts should be made to have upto-date data regarding coverage of children with the Vitamin A through real time on line data.

Reply of the Government

The committee has suggested for better efforts to publicize the scheme to effect better mobilization of the community for uptake of the scheme. Following efforts are being undertaken in this respect:

Under National Rural Health Mission, funds are being provided to States annually for carrying out Vitamin A supplementation Programme including costs for Vitamin A solution, cost for community mobilization to carry out related activities, monitoring of the programme and other management related activities.

States are also provided funds to carry out Information, Education and Communication related activities for the same. It involves Mid media like Melas, Natak and other forms of IPC activities and Mass media activities such as Television, Radio. At National level also, Ministry of Health and family welfare advertises for the same

through Television acts on Doordarshan. IPC and IEC tools have been developed by the Ministry which are circulated to States for use during community mobilisation.

It may be put to the information of the committee that the lower rates of coverage in certain States in due to issues in procurement and supply chain which are facilitated from Central level from time to time with communication with State Governments. For high coverage, 15 States and UTs carry out Vitamin A supplementation programme in campaign mode as Biannual Rounds.

It was also suggested that online reporting of the Vitamin A supplementation programme may be undertaken, to which it is informed that the same is being captured through online Health management System of NRHM.

Observation/ Recommendations (Sl. No. 12)

Iodine is an essential micronutrient for normal growth and development. The Committee are distressed to observe that though the Government took a policy decision in 1984 to iodate the entire edible salt in the country by 1996, the goal is yet to be achieved. The production of iodized salt is just around 60 lakh M.T. against the annual production capacity of 120 lakh M.T. There are 263 districts which are endemic in the country with more than 10% Iodine Deficiency Disorder (IDD). The Committee fail to understand why the National Iodine Deficiency Disorders Control Programme (NIDDCP) which aims among other things to supply iodised salt in place of common salt could not show desired results. The Committee have been informed that surveys conducted in various parts of the country reported significant reduction in the prevalence of IDD and visible goitre. The 12th five Year Plan has targeted that the prevalence of IDD in all districts of the country will be reduced below 5% and the visible goitre in the country will-disappear. The Committee desire that causes for past failures should be looked into for effective remedial action and the targets of 12th Plan achieved without fail.

Reply of the Government

The salt iodization programme commenced in 1986 in a phased manner. Since then the approach under the programme has been to enhance production, demand & supply of iodated salt.

Under the programme the aim of adequate production and supply of iodated salt in the country has been achieved. The annual production of iodated salt was raised from 5 lakhs MT in 1985-86 to 61.81 lakh MT in 2012-13. The present production of iodated salt is adequate to meet the requirement of population of the entire country. Further, as on 31.3.2013 the installed capacity for production of iodated salt is 177.98 lakh MT. The consumption of adequately iodated salt at household level has been increased from 51.1% (as per NFHS-III report 2005-06) to 71.1% (as per CES report, 2009). Significant reduction in total goitre rate in range of 8% to 35% in the country is one of the important achievements under the programme. Steps are being taken to sustain progress made and further reduction in the prevalence of IDD including TGR in the country.

It has been decided under the programme to provide assistance to States/UTs for procurement of salt Testing Kits and performance based incentive to ASHA for monitoring the quality of iodated salt at household level through salt testing kit and creating awareness about IDD including promotion of consumption of adequately iodated salt in the community in order to sustain and improve the regular consumption of adequately iodated salt.

Observation/ Recommendations (Sl. No. 13)

The Committee note that 604 Nutrition Rehabilitation Centres (NRCs) are operational in 14 States which admit sick children with severe acute malnutrition alongwith care givers with compensation for period of their stay. The Ministry of Health & Family Welfare has now targeted to operationalise at least one NRC in each high burden district during the Twelfth. The Committee would like to know the norms set for these centres, their capacity, facility and achievements of these during each of the last three years.

Reply of the Government

NRCs are being established since 2005 in few States, whereas thrust on development has been in 2010 when 131 NRCs were established and in 2011, 138 were further added. In 2011-12, there were 550 NRCs operational across 13 States in the country. In the financial year 2012-13, 138 new NRCs have been established and

at present 872 NRCs are operational across 17 States & UTs in Financial Year 2013-14. These are 10-120 bedded facilities at District or block level health facilities.

Detailed monitoring of performance of NRCs is being carried out since 2012-13 onwards.

In 2012-13, 1,28,431 children were admitted, out of which 68,985 were discharged with target weight gain. Across 54% of children discharged children have attained target weight gain.

In 2013-14, till September, 872 NRCs are function in 17 States and UTs in which 75522 children were admitted and 36571 discharged with target weight gain.

The States are being advocated to prioritise High Focus districts and the Tribal districts identified as having high burden of malnutrition, for establishment of NRCs, during approval of Annual PIP budgets.

Deploying trained manpower is essential towards correct treatment of critical condition of sick Severe Acute Malnutrition. To ensure capacity building of staff of NRCs, funds are provided to States for conducting trainings of Staff Nurses, Nutritionists and Medical Officers.

At the Central level in 2013-14, two rounds of TOTs were conducted at Kalawati Saran Children Hospital which is a resource centre for NRCs of the Ministry of Health &FW. The training proceeds in cascade fashion upto NRCs. The States have pool of ToTs (Trainer of Trainers) for training Staff of NRCs at facilities.

The Central Ministry of Health & Family Welfare has developed technical documents such as Training manuals- for participants and Facilitators for facility based care of Children with Severe Acute Malnutrition. A detailed operational guidelines for facility based management of Severe Acute Malnutrition in children is also prepared and disseminated to States.

Observation/ Recommendations (Sl. No. 14)

According to NFHS-III 2005-06 only 21% of children aged 6-23 months are fed according to all three quality parameters of Infant and Young Child Feeding (IYCF) practices recommended by WHO (timely, adequate and safe) and only 44% are breastfed as per the recommended minimum number of times. As per the latest data available (CES 2009), only about 34% of children under three years are breastfed within

an hour of birth. There has, however, been some improvement in the percentage of children exclusively breastfed for 6 months i.e. from 46.3% in 2005-06 to 56.8% as per CES 2009. HuNGAMA Survey indicates that in 100 high focus districts, 51% mothers did not give colostrum to the new born soon after birth. The Committee feel that desired practices in this regard can be universalized only by bringing about awareness. The media campaign to achieve this appears to be inadequate. The Committee desire that intensive and sustained media campaign regarding nutrition education and appropriate feeding practices through mass media/social media including private radio and TV channels should be resorted to.

Reply of the Government

Ministry of Women and Child Development - In order to promote effective action to enhance rates of exclusive breastfeeding for the first six months, & introduction of age appropriate complementary feeding after six months along with continued breastfeeding and counseling on infant and young child feeding, National Steering Committee on Breastfeeding and Infant & Young Child Feeding(IYCF) has been constituted under the Chairpersonship of Secretary, MWCD and National Breastfeeding Coordination Committee under the chairmanship of Joint Secretary, Ministry of Women and Child Development. The committees have representation from key line departments like Ministry of Health and Family Welfare (MOHFW) and technical experts from BPNI, NIPCCD and National Institute of Nutrition (NIN), Hyderabad etc.

Ministry of Women and Child development has also published Guidelines on Infant and young Child Feeding Practices, 2004 and second edition 2006. This may be seen on www.wcd.nic.in

A Nationwide **Information, Education and Communication (IEC) campaign** against malnutrition was launched on 19th Nov, 2012 by President of India for creating awareness on nutritional issues. The campaign has been divided into four stages:

- Stage 1- Create Awareness: A massive drive to generate awareness about the symptoms and alarming consequences of malnutrition.
- Stage 2 – Clarion Call: To mobilize the masses to take a pledge “Malnutrition Quit India” in order to attract the maximum participation of people in the fight against malnutrition.

- Stage 3 – Action Points: This stage of the campaign explains the four critical practices that safeguard a child from malnutrition as ‘Chaar Baatein’. This stage covers Exclusive Breastfeeding and IYCF components also.
- Stage 4 – Community using Tools/Services: The final stage of the campaign will inform about the Mother & Child Protection (MCP) Card and important services through programmes.

The first cycle of the campaign was undertaken during the year 2013-14 and the second cycle is being undertaken during 2014-15.

Under the **Nutrition Education Scheme**, which is a Central Sector Scheme, nutrition advocacy, training and education is undertaken by the 43 Community Food and Nutrition Extension Units (CFNEUs) of Food and Nutrition Board located in 29 States/UTs.

Additionally, events like World Breast Feeding Week (1 - 7 August) and National Nutrition Week (1- 7 September), etc., are celebrated throughout the country, during which special efforts are made to create awareness and disseminate nutrition education including the knowledge related to breastfeeding and IYCF practices by use of Audio/Visual, press advertisement and other multimedia.

Ministry also organized National, Regional and State level nutrition exhibition to create awareness.

Ministry of Health and Family Welfare - Intensive mass media campaigns have been taken up to educate masses and create awareness about benefits of exclusive breast feeding and Infant & Young Child Feeding (IYCF) practices. This involves print advertisements, media campaign on TV and Radio, social media (tweets and Youtube), mid-media through inter-personal communication and distribution of leaflets and posters. Further, SMS messages are being sent to parents of young children on IYCF utilising the Mother and Child Tracking (MCTS) platform.

(Please see Para No. 1.26 of Chapter-I)

Observation/ Recommendations (Sl. No. 15)

Since the problem of malnutrition is intergenerational and multi factorial, which can be dented only through addressing multiple factors such as poverty, illiteracy especially female illiteracy, gender discrimination, environment, hygiene and food scarcity, it is imperative that convergence with other schemes/Ministries is effected at the ground level. The Committee are appreciative of the measures for convergence and coordination with various Ministries such as those concerning Drinking Water Supply and Sanitation, Rural Development, Human Resource Development, Panchayati Raj, etc. The Committee desire that innovative strategies such as aligning mid day meals with nutritional norms through convergence with Ministry of Human Resource Development, or with the Ministry of Food and Consumer Affairs (M/o FCA) along with current interventions should be designed and effectively implemented with adequate funding.

Reply of the Government

ICDS Scheme aims at holistic development of children below 6 years of age and Pregnant Women and Lactating Mothers by providing a package of six services comprising (i) Supplementary Nutrition (ii) Pre-school non-formal education (iii) Nutrition and Health Education (iv) Immunization (v) Health check-up and (vi) Referral services through Anganwadi Centres at grassroots level. Three of the six services viz., immunization, health check-up and referral services are related to health and are provided by Ministry of Health & Family Welfare through NRHM and Public Health Infrastructure.

Whereas the Mid-Day Meal (MDM) Scheme, being administered by Ministry of Human Resource Development, is a multi-faceted programme which involves provision for mid day meal on working days for children in primary and upper primary classes in Government Aided, Local Body, Education Guarantee Scheme (EGS) and Alternative Innovative Education (AIE) Centres, Madarsa and Maqtabas supported under Sarva Shiksha Abhiyan and National Child Labour Project (NCLP) Schools run by Ministry of Labour.

As the category of beneficiary children differ between the ICDS Scheme and MDM Scheme, the convergence of ICDS Scheme with MDM may not be appropriate.

However, in some States the preparation of SNP is done under Sanjha Chulha with MDM.

CHAPTER III

OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE
TO PURSUE IN VIEW OF GOVERNMENT'S REPLY

-Nil-

CHAPTER IV

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH GOVERNMENT'S REPLIES HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Observation/ Recommendations (SI. No 2)

According to HUNGaMA survey of 2011, carried out on private initiative, the prevalence of child underweight has considerably decreased from 53.1% in 2004 to 42% in 2011. The Committee are, however, concerned to note that among children under five, 59% are stunted and 3.3% face severe wasting in the 100 focus districts which ranked the lowest on childhood development index in six states viz. Bihar, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, and Uttar Pradesh. Malnutrition is one of the underlying causes of under-five mortality. The Committee are disappointed to note in this connection that the aim of the NRHM to bring down infant mortality rate to <30 per 1,000 live births as of October, 2012. Further, going by the past experience, the Committee doubt whether the Millennium Development Goal (MDG) to bring down to 28 per 1000 live births by 2015 will be achieved. All these call for accelerated and vigorous implementation of nutrition related programmes with active cooperation and full involvement of State Government.

Reply of the Government

Malnutrition is manifestation of several underlying factors & causes and is complex, multi-dimensional and inter-generational in nature. The causes are varied and include inadequate consumption of food, frequent infections, lack of availability of safe drinking water and proper sanitation, illiteracy specially in women, poor access to health services, low purchasing power, socio-cultural factors such as early marriage of girls, lack of care during pregnancy and infancy, ignorance about nutritional needs of infants and young children etc. A number of other factors including economic, environmental, geographical, agricultural, cultural, health and governance issues complement these general factors in causing under – nutrition of children.

Health & nutrition programmes being implemented directly or indirectly contribute to improve the health and nutritional status of the children.

Various programmes to improve infant and child mortality are being implemented by Child Health Division, D/o H&FW.

(Please see Para No. 1.11 of Chapter-I)

Observation/ Recommendations (Sl. No. 4)

The Integrated Child Development Services (ICDS) scheme, commenced in 33 community development blocks in 1975 and universalized in the year 2008, is primarily aimed to improve the nutritional and health status of children in the age group of 0-6 years. The scheme has reportedly covered almost all habitations through 7076 approved projects and about 13.72 lakh sanctioned Anganwadi Centres (AWCs). The Committee regret to point out that nearly four decades of implementation of the scheme have not eliminated malnutrition of children which remains high as brought out in preceding paragraphs. In order to redress the management gaps, the ICDS is reportedly being implemented in Mission Mode by introducing Annual Programme Implementation Plan (APIP) and Memorandum of Understandings (MoUs) with States/UTs and rolling out the restructured ICDS in 200 high burden districts in 2012-13, in 200 additional districts in 2013-14 and in remaining districts in 2014-15. Though these steps are in the right direction, the Committee feel that unless specific targets to bring down the cases of malnutrition are fixed and AWCs and monitoring agencies held responsible for shortfall, the much desired results may continue to elude. The ICDS Mission for the Twelfth Five Year Plan 2012-17 has set the goal of preventing and reducing child undernutrition by 10 percentage points and reduction of anaemia prevalence in young children, girls and women by one fifth. The Committee hope that these elements will be incorporated in the APIPs and MoUs. The Committee would like to be informed of the position in this regard and also of the achievements during 2012-13. Compensation and other facilities given to Anganwadi Workers (AWCs) and Accredited Social Health Activists (ASHAs) should be periodically revised to meet the increase in cost of living. The Committee desire that centralized guidelines regarding nutritional requirement and hygiene standards be issued to AWCs for strict adherence.

There should be no experiments and compromise on quality of nutritional food to children.

Reply of the Government

The specific targets to bring down under nutrition form part of goals envisaged under restructured ICDS. These are as under:

- iv. Prevent and reduce young child under nutrition (% underweight children 0-3 years) by 10 percentage point;
- v. Enhance early development and learning outcomes in all children 0-6 years of age; and
- vi. Improve care and nutrition of girls and women and reduce anemia prevalence in young children, girls and women by one fifth. Annual Health Survey (AHS) and District Level Household Survey (DLHS) will be used as baseline for measuring the outcomes of ICDS Mission.

The APIPs are prepared considering these targets in view.

This Ministry is concerned with the honorarium of Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs). The issue of honorarium to ASHA workers is being dealt in with by the Ministry of Health & Family Welfare.

Integrated Child Development Services (ICDS) Scheme envisages the AWWs and Helpers as “honorary workers” from the local community who come forward to render their services, on part time basis, in the area of child care and development. Being honorary workers, they are paid monthly honoraria as decided by Government from time to time. Besides, some States/ UTs are also giving additional honorarium to AWWs and Anganwadi Helpers out of their own resources for any additional work assigned to them from time to time.

The honorarium of AWWs/ AWHs is from time to time revised by the Government. Since inception of ICDS Scheme in 1975, the honorarium of AWWs/ AWHs has been revised seven times i.e. on 01.04.1978, 01.07.1986, 02.10.1992, 16.05.1997, 01.04.2002, 01.04.2008 and 01.04.2011. On 22.10.2012, honorarium is also being paid to additional AWWs, AWC-cum-Creche Workers and Link Workers.

Present Honorarium of Anganwadi Workers (AWWs) and Anganwadi Helpers/ AWWs engaged in Mini-Anganwadi Centres (AWCs) was enhanced by Government of India from Rs.1500/- p.m. to Rs.3000/- p.m. and from Rs.750/- p.m. to Rs.1500/- p.m. respectively w.e.f. 01.04.2011. The honorarium of AWWs engaged in Mini-AWCs has further been enhanced from Rs.1500/- p.m. to Rs.2250/- p.m. w.e.f. 04.07.2013.

Nutritional and hygiene guidelines have already been issued by MWCD.
(Please see Para No. 1.14 of Chapter-I)

Observation/ Recommendations (Sl. No. 8)

The Committee are distressed to note the very poor implementation of Indira Gandhi Matritva Sahyog Yojana (IGMSY) scheme introduced in October, 2010. The centrally sponsored scheme implemented by the State Governments is aimed at improving the nutrition and health of pregnant and lactating women by paying Rs. 4000 on a conditional cash transfer mode to the beneficiaries' bank/ post office accounts. As against the target of 12.5 lakh beneficiaries, the benefit reached merely 61,000 women (constituting 5 per cent) in the year 2011-12 and just 1.6 lakh women (constituting 12.8 per cent till 31 December, 2012) in the year 2012-13. The Committee desire that reasons for this disastrous performance of the scheme be gone into expeditiously and the benefits delivered to the targeted number of women without fail, during the current year.

Reply of the Government

Indira Gandhi Matritva Sahyog Yojana (IGMSY)- A conditional Cash Transfer Scheme was introduced in October, 2010 for Pregnant and lactating women to contribute to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing women for improving health and nutrition and partly compensate for wage loss.

The baseline survey was conducted subsequently by State/UTs for identification of beneficiaries. Therefore, the funds were released in the fourth quarter of 2010-11. Hence, no substantial progress was reported by the States in 2010-11. The year 2011-12 was the first full year of implementation of the scheme and progress was slow as lot of preparatory work was to be under taken by States/UTs such as opening of bank account, setting of State and district cell, opening of budget head etc. before transferring the cash benefit to be beneficiary account. Performance of the scheme has improved in 2012-13 with beneficiary coverage of more than 6.36 lakh and utilisation of Rs.233.68 crore has been reported. During the financial year 2013-14, funds amounting to Rs.232.05 crore have been released to the States/UTs and utilisation of Rs.282.28 crore has been reported with beneficiary coverage of more than 5.41 lakh.

During the financial year 2014-15, there was a budget provision of Rs.400.00 crore (BE) and Rs. 360.00 crore (RE). Out of which funds amounting to Rs.343.14 crore has been released to 26 States/UTs. Utilisation of Rs.139.82 crore has been reported up to the third/ second quarter of the financial year 2014-15 by 22 States/ UTs. The beneficiary coverage of 3.54 lakh up to the third/ second quarter of 2014-15 has been reported by 22 States/UTs.

Increase in the beneficiary coverage and utilization of funds in the subsequent years as compared to the year 2010-11 and 2011-12, shows better performance of the scheme.

(Please see Para No. 1.20 of Chapter-I)

Observation/ Recommendations (Sl. No. 11)

According to NFHS-III (2005-06), 70% of children between 6-59 months and more than half of the women (15-49 years) suffer from anaemia in the country. More disturbing is the fact that prevalence of anaemia in children between 6-35 months had increased significantly from 74.3 per cent in 1998-99 to 78.9 per cent in 2005-06. It has been stated that to manage the widespread prevalence of anaemia, the policy has been that infants from the age of six months to the age of five years shall receive iron supplements in liquid formulation for 100 days in a year and the paediatric IFA tablets/syrup supplied to all sub-centres twice a year. The Committee would like to know the achievement in reduction of anaemia during the last five years among children upto age of five years, 5-10 years, adolescent children and pregnant women.

Reply of the Government

There is no information related to status of anemia in children in last five year. The last available data is of National family Health Survey 2005-06. The next round of NFHS i.e. NFHS IV is being conceptualized, however, the results of District level Household Survey will be released in the current year.

(Please see Para No. 1.23 of Chapter-I)

CHAPTER V

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLY OF GOVERNMENT IS STILL AWAITED

Observation/ Recommendations (Sl. No. 5)

The Committee received an impression that scarce resources are frittered away in setting up numerous AWCs/Mini AWCs without much focus on uplifting children's nutrition. As against 6.4 lakh villages (as per Census 2011) in the country, about 13.74 lakh AWCs have been sanctioned. The population norm of one AWC for 400-800 people fixed by the Ministry of Women and Child Development appears to be flawed as is evident from the fact that children under six (1645 lakh) constitute less than 13.6 per cent of the total population (121 crore) in our country. In other words, one AWC is expected to handle just 50-100 children on an average in a month which translates into merely 2-4 children per day (if the average in number of visit by children is once a month). The ratio of children-AWC will further go down if we consider the number of supplementary nutrition beneficiaries which is less than 928 lakh as on 31.01.2013. Considering the huge overhead expenditure involved in establishing and maintaining an AWC, the Committee feel that there is a need to have a fresh look at the population norm for AWC. The feasibility of introducing mobile AWCs on an experimental basis to cover the thinly populated habitations ought to be explored to ensure optimum utilization of resources. The Committee would await the outcome of examination of these matters by the Ministry of Women and Child Development.

Reply of the Government

The suggestions of the Committee have been noted. However, it is stated that besides ICDS, AWC provides a platform for SABLA and IGMSY schemes also.

NEW DELHI;
17 December, 2015
Agrahayana 26, 1937 (saka)

DR. MURLI MANOHAR JOSHI
Chairperson,
Committee on Estimates.

Annexure-1

The target and achievement in terms of number of beneficiaries under *Sabla* scheme have been updated based on the SoE/UC received so far in the Ministry are as under:-

Quantifiable deliverables	2011-12 (in lakh)		2012-13 (in lakh)	
	Target	Achievements	Target	Achievements
No. of beneficiaries covered for nutrition under Sabla	100	101.11	100	114.29
No. of beneficiaries covered for non nutrition (IFA) under Sabla	49.16	48.83 (99.32%)	69.93	55.05 (78.72%)

The year wise financial progress of the scheme as reported by States is as under:-
(Rs. in crore)

Year	BE	RE	Actual Expenditure (Amount Released)	Funds utilised (as reported by States)
2010-11	1000	340	296.73	52.93
2011-12	750	750	561.11	520.65
2012-13	750	504	478.90	619.27

inordinate delay by the Ministry of Women and Child Development in furnishing Action Taken Notes and Ministry of Health and Family Welfare had furnished incomplete Action Taken Notes, the Sub-Committee directed that a communication be sent to the respective Ministries and seeking their response on the matter.

3. Thereafter, the Sub-Committee considered the draft Action Taken Report on the 26th Report of the Committee. The Convenor and Members suggested minor modifications in the draft Report as indicated in Annexure. The Sub-Committee decided to hold another sitting after the response from the Ministries are received. It was also decided that the programme for the future course of action for examining the Action Taken Replies on original Reports presented by the Committee would also be considered in the next sitting.

The Sub-Committee then adjourned.

MINUTES OF SECOND SITTING OF THE SUB-COMMITTEE ON ACTION TAKEN REPLIES
COMMITTEE ON ESTIMATES (2015-16)

The Sub-Committee sat on Tuesday, the 22nd September, 2015 from 1500 hrs. to 1535 hrs. in Committee Room 'E', Parliament House Annexe, New Delhi.

PRESENT

1. Shri Sanjay Dhotre Convenor
2. Smt. Kavitha kalvakuntla Co-Convener
3. Shri P.C. Gaddigoudar
4. Shri Ravindra Kumar Pandey
5. Shri Md. Salim
6. Shri K.H. Muniyappa

SECRETARIAT

1. Shri Devender Singh - Additional Secretary
2. Shri Vipin Kumar - Director
3. Shri U.C. Bharadwaj - Deputy Secretary

2. At the outset, the Convenor welcomed the Members to the second sitting of the Sub-Committee on Action Taken Replies. The Additional Secretary apprised the Sub-Committee that as decided in the previous sitting, a communication was sent from the Secretariat to the Ministry of Women and Child Development and Ministry of Health and Family Welfare to seek their response for the inordinate delay in furnishing the Action Taken Replies and not seeking extension of time for the same. He further apprised the

Sub-Committee that, in response, both that the Ministries regretted the delay in furnishing the ATRs due to bonafide and inadvertent reasons and assured that such delays would not recur in future. The Sub-Committee decided to condone the delay.

3. Thereafter, the Members took up for consideration the draft Report on Action Taken by the government on the recommendations / observation contained in the Twenty - Sixth Report of the Committee on Estimates (15th Lok Sabha). The Convenor and Members suggested minor modifications in the draft Report and authorised the Convenor to finalise the same to be placed before the full Committee for final adoption.

4. The Sub-Committee also decided to hold another sitting on the 5th October, 2015 for consideration of Action Taken Replies received from the Ministry of Tourism and Ministry of Culture pertaining to the 35th Report of the Committee on Estimates (15th Lok Sabha)

The Sub-Committee then adjourned.

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MINUTES OF NINTH SITTING OF THE COMMITTEE ON ESTIMATES (2015-16)

The Committee sat on Tuesday, the 8th December, 2015 from 1525 hrs. to 1625 hrs. in Room No. '62', Parliament House, New Delhi.

PRESENT

Dr. Murlı Manohar Joshi – Chairperson

Members

2. Shri Kirti Azad
3. Shri Anil Shirole
4. Shri Ashwini Kumar Choubey
5. Shri Ram Tahal Choudhary
6. Col. Sonaram Choudhary
7. Shri Kalikesh Narayan Singh Deo
8. Shri Sanjay Dhotre
9. Shri P.C.Gaddigoudar
10. Shri Ravindra Kumar Pandey
11. Shri K. N. Ramachandran
12. Md. Salim
13. Shri Arvind Sawant
14. Shri Ganesh Singh
15. Shri Rajesh Verma

SECRETARIAT

1. Shri Vipin Kumar - Director
 2. Shri Srinivasulu Gunda - Additional Director
2. At the outset, the Chairperson welcomed the Members to the Sitting of the Committee.

3. The Committee then took up for consideration of the following Reports:-

(i) *****

(ii) Draft Report on the Action Taken by the Government on the Observations/Recommendations contained in the 26th Report of the Committee on Estimates (2013-14) (Fifteenth Lok Sabha) on the subject 'Malnutrition in Infants and Mothers' pertaining to the Ministry of Women and Child Development and the Ministry of Health and Family Welfare.

4. The Committee after consideration adopted the above Reports without any modifications. The Committee then authorized the Chairperson to finalise them and present the same to Lok Sabha.

The Committee then adjourned with vote of thanks to the Chair.

APPENDIX - V

ANALYSIS OF THE ACTION TAKEN BY GOVERNMENT ON THE RECOMMENDATIONS CONTAINED IN THE ELEVENTH REPORT OF THE COMMITTEE ON ESTIMATES (FIFTEENTH LOK SABHA)

(i)	Total number of recommendations/observations	15
(ii)	Recommendations/Observations which have been accepted by the Government (Sl. Nos. 1, 3, 6, 7, 9, 10, 12, 13, 14 and 15)	10
	Percentage of total recommendations	66.67%
(iii)	Recommendation/Observation which the Committee do not desire to pursue in view of the Government's reply Percentage of total recommendations	Nil
	Percentage of total recommendations	Nil
(iv)	Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee (Sl. Nos. 2, 4, 8, 11, 12 and 11)	04
	Percentage of total recommendations	26.67%
(v)	Recommendation/Observation in respect of which final replies of Government is still awaited. (Sl. No. 5)	01
	Percentage of total recommendations	6.67%

